



NEGLECT STRATEGY 2024

INTRODUCTION

Neglect is the most common form of child abuse nationwide.

- 1 in 10 children in the UK have been neglected.
- Concerns around neglect have been identified for half of children who are the subject of a child protection plan or on a child protection register in the UK.
- The number of police recorded child cruelty offences is increasing.

Neglect is a key priority for the Barking and Dagenham Safeguarding Children Partnership (BDSCP). Neglect has featured in almost every serious case review and partnership review in Barking and Dagenham in recent years.

The effects of neglect on children are significant, in their childhood, through adolescence and into adulthood. There is evidence that demonstrates the adverse effect of neglect on all the seven dimensions of development, including health, education, identity, emotional and behavioural development, family and social relationships, social presentation, and self-care skills. Sometimes the effects are fatal.

Practitioners can wrestle with issues of what constitutes neglect and when to refer or escalate concerns. Early identification and timely intervention are extremely important to ensure the safety, wellbeing and continued appropriate development of children and young people. All professionals need to be knowledgeable, confident, and competent in identifying and naming neglect.

This strategy will ensure that professionals from all agencies working with children or their families in Barking and Dagenham can:

- Recognise neglect in all its forms as early as possible.
- Understand the cumulative and long-term impact of neglect.
- Work together to take timely action to safeguard children.

This strategy is applicable to all professionals who work with children and young people (including unborn babies) and their families in Barking and Dagenham. It aims to build on existing good practice and promote more effective ways of working. It recognises that partnership working is essential to effecting positive change for children, young people, and families and this is essential to ensure that the priorities of this strategy are successfully met.

The Barking and Dagenham Safeguarding Children Partnership is committed to tackling neglect and minimising the harm caused to families and communities. The Neglect Strategy 2024 outlines our approach and our priorities to achieve this.



OUR APPROACH

The BDSCP Neglect Strategy 2024 aims to:

Prevent and reduce the impact of neglect on children and young people and their families in Barking and Dagenham. We will do this by ensuring:

- Neglect is recognised as early as possible.
- Neglect is responded to consistently and robustly where it is identified across the continuum of need.
- That we learn from national and local practice to continuously improve our offer to children, young people, and their families.

There are a number of principles that underpin this commitment and our ways of working to achieve the Barking and Dagenham Safeguarding Children Partnership's aim:

- We recognise that **children of all ages** are affected by neglect, and we need to work to understand their lived experience and how neglect impacts on their development and life opportunities.
- The wellbeing of the child is **paramount** and must never be secondary to the parent/carer's needs.
- The **voice of the child** must be sought, heard, and acted upon – 'nothing about you without you'. Where the child is not able to have a voice, this should be regarded and recorded as a concern.
- We 'think family' and work with families to help them achieve positive and sustained change using strengths-based approaches and interventions to address concerns.
- We work **collaboratively and creatively** across partners, intervening as **early** as possible and being **accountable** is key to tackling neglect and empowering children and family lives to change.
- All agencies will ensure their workforce dedicates time to regularly refresh and update **knowledge** of neglect.

Shared understanding of the risks and impact of child neglect is achieved by shared use of tools, joined up procedures and robust understanding of pathways and interventions. These tools are outlined further in the new **Neglect Toolkit** (designed to support practitioners in their roles, providing practical assistance in recognising and responding to neglect), but include:

- The NSPCC's Graded Care Profile 2 (GCP2), including local supplementary GCP2 guidance.
- The LBBD Domestic Abuse Practitioner's Guidance.
- The Safe and Together Approach.
- Child Sexual Abuse (CSA) signs and indicators toolkits.
- Brook sexual behaviours traffic light tool.
- Barnardo's CSE Risk Matrix.
- Youth At Risk Matrix.
- Child Criminal Exploitation Tool.

OUR PRIORITIES

The Neglect Strategy 2024 makes clear the BDSCP's commitment to tackling neglect. To achieve our aim, the BDSCP has identified the following four priorities:

1 - The BDSCP commits to tackling neglect as a strategic priority.

All partners will sign up to the BDSCP Neglect Strategy 2024 and will work to deliver the aims and priorities of the strategy.

Ways we will achieve this include:

- We will launch the strategy across the BDSCP across the children's workforce, as well as across other statutory partnerships to embed a 'think family' approach.
- We will establish the BDSCP Neglect Improvement Programme Task and Finish Group to drive delivery of this strategy and related action plan.
- All partners commit to raising awareness and understanding of neglect to enable identification and intervention for children and families where there is risk of neglect or neglect.
- We will share information and data effectively to measure the delivery of and progress against this strategy.

2 - Children experiencing neglect are seen and heard.

All of the children's workforce must be equipped to consistently recognise neglect and risk of neglect as early as possible, as well as understand the child's lived experience of neglect.

Ways we will achieve this include:

- Ensuring high quality learning and development to support the workforce to identify neglect.
- Publicising information, advice, and guidance such as the Neglect Toolkit, published alongside this Strategy.
- Embedding the use of tools in practice, such as the Graded Care Profile 2, effective use of chronologies.
- Improving our web-based offer for the children's workforce when it comes to neglect.

3 - The right help, at the right time, from the right person.

All of the children's workforce must be equipped to consistently respond to neglect – making sure children, young people and families get the right help, at the right time, from the right person, in the right way. This will include ensuring we can evidence the impact of our interventions, and that we minimise drift and delay especially for those children and young people at most risk of neglect.

Ways we will achieve this include:

- Ensuring understanding across the BDSCP workforce of our Continuum of Need, and how as a result we respond to neglect – with related pathways developed.
- Pilot new ways of working to identify neglect and risk of neglect as early as possible in the child’s journey and reduce drift and delay in identified cases.
- Develop a directory of services as part of the Neglect Toolkit, published alongside this Strategy.
- Reviewing our commissioned services offer and making applications for funding to improve the offer where gaps in provision have been identified.

4 - Learning from practice

We will ensure that the Neglect Strategy 2024 and related Neglect Improvement Plan are reviewed and updated in the context of future national, regional, and local learning. We will ensure that learning from national and local practice is dispersed across the BDSCP workforce and that learning informs our practice. We will also make use of BDSCP quality assurance work, including conducting multi agency reviews.

Ways we will achieve this include:

- Working with the BDSCP Practice and Learning Subgroup to ensure that practice is in line with strategic aims.
- Working with the new One Panel to ensure learning is distributed in a ‘think family’ way across the statutory partnerships in Barking and Dagenham.
- We will conduct a BDSCP Practice Week on neglect, working with our Safeguarding Adults Board partners to do so.
- Supervision should aim to provide safe but a challenging space to oversee and review cases and offer opportunity to bring a ‘fresh pair of eyes’ to the situation.

DEFINITION OF NEGELCT

Neglect is not meeting a child's basic physical and psychological needs (Department for Education, 2018; Department of Health, 2017; Scottish Government, 2021; Wales Safeguarding Procedures Project Board, 2020). Neglect is a form of child abuse that can have serious and long-lasting impacts on a child's life - it can cause serious harm and even death.

Neglect is fully defined in *Working Together to Safeguard Children (2023)* as:

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing, and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger.
- Ensure adequate supervision (including the use of inadequate caregivers).
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Further definitions of neglect include the six classifications of neglect outlined by Horwath (2007):

- **Medical neglect** - when a child is denied medical or dental care, to treat or prevent an illness or condition, for example a parent or carer minimising or denying a child's needs, ignoring or refusing recommendations and failing to seek medical attention.
- **Nutritional neglect** – when a child is provided with inadequate calories for normal growth or to thrive (failure to develop physically or psychologically) or when childhood obesity occurs due to provision of an unhealthy diet.
- **Emotional neglect** – when a child doesn't get the nurture they need to respond to their basic emotional needs and to form secure and positive attachments for example they are ignored, humiliated, or isolated by their parent or carer.
- **Physical neglect** – when a child's basic needs associated with food, clothing, hygiene, and shelter are not met, for example a parent or carer not providing appropriate clothing, food, cleanliness and living conditions.
- **Lack of supervision and guidance** – when a child is not provided with adequate guidance and supervision to protect them from harm, for example a parent or carer leaving a child to cope alone, abandoning them, or leaving them with inappropriate carers, or failing to provide appropriate boundaries about behaviours such as under-age sexual activity or alcohol use.
- **Educational neglect** – when a child is not given access to education or a stimulating environment, for example a parent or carer failing to provide a stimulating environment, show an interest in the child's education at school, support their learning, or respond to any special needs, as well as failing to comply with state requirements regarding school attendance.

Horwath also noted that children and young people experience the impact of neglect differently at **different ages**, categorising these differing stages as:

- Infancy (0-2).
- Pre-school (2-4).
- Primary age (5-11).
- Adolescence (12-18).

The BDSCP recognises neglect as the ongoing failure to meet a child's basic needs in order for them to thrive. For the Barking and Dagenham Safeguarding Children Partnership Neglect Strategy, neglect is defined as **the persistent failure to meet a child's physical (including medical and nutritional), emotional and psychological developmental (including educational, guidance and supervision) needs, likely to result in the serious impairment of the child's health or development.**

THE NATIONAL PICTURE OF NEGLECT

The 'NSPCC Statistic Briefing: Neglect, 2021' identifies that for the UK as a whole neglect is the **most common form of abuse** given as a reason for child protection plans or registrations. Over 29,000 children across the UK were the subject of a child protection plan or on a child protection register because of neglect in 2019/20, making it a concern for 50% of all children on a plan or register. Just over 26,000 of these children were in England.

In England, the Child Safeguarding Practice Review Panel received 482 serious incident notifications in 2020. 276 related to non-fatal injuries, of which 12% related to neglect as the primary form of serious harm. **Neglect** was also mentioned as an underlying feature in 34% of non-fatal incidents and 35% of fatal incidents (Child Safeguarding Practice Review Panel, 2021).

In 2020/21 the NSPCC's helpline responded to a total of 84,914 contacts from people who were concerned about a child's welfare. 12,833 contacts related to concerns about neglect, making it the **second most** discussed concern and the **most commonly** mentioned form of abuse.

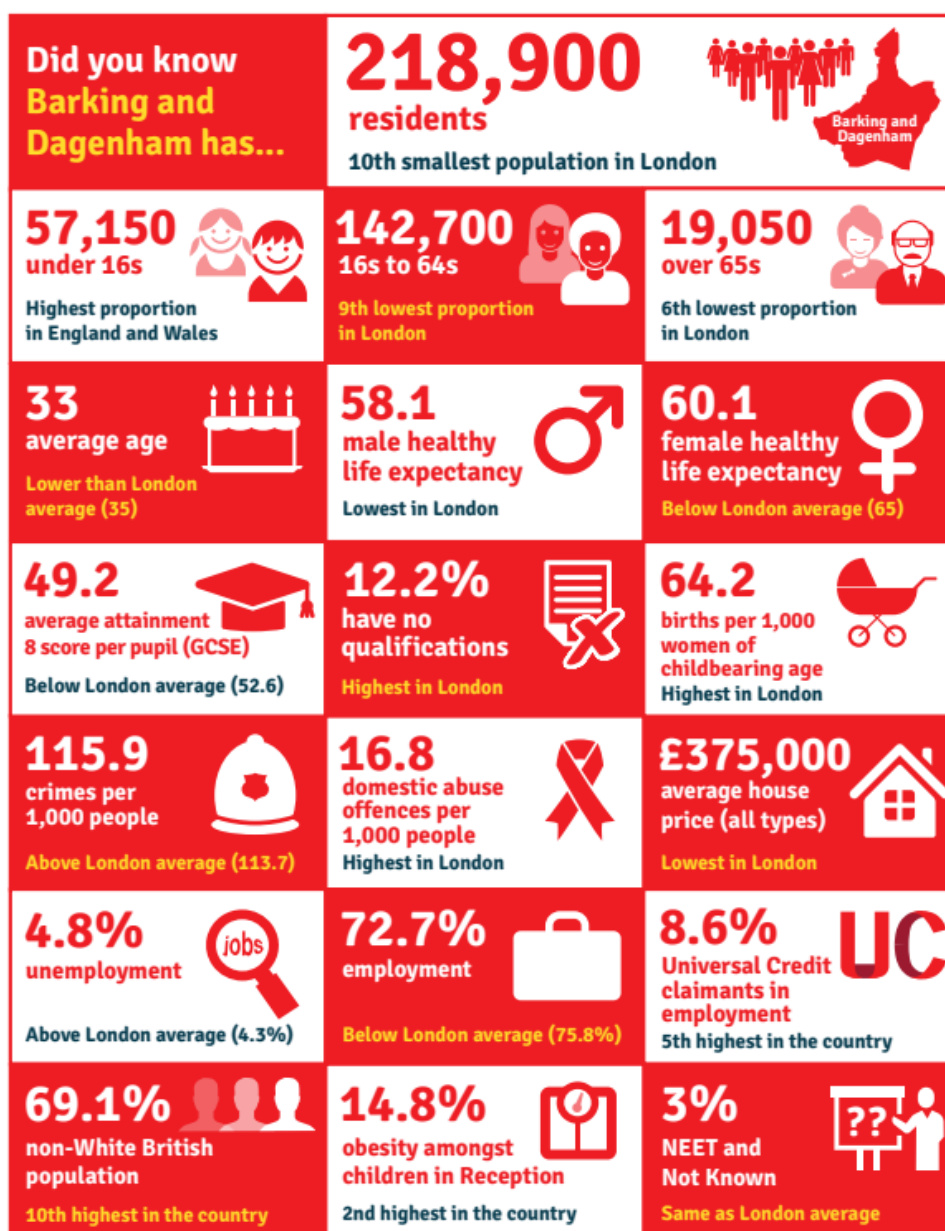
'NSPCC Statistics Briefing: Neglect, 2021' states that 1 in 10 children in the UK have been neglected. Less than 1% of Childline counselling sessions are about neglect, possibly because children often don't **recognise** their experiences as neglectful.

Child Protection Plan data as of 31 March 2020 (available for England only), shows that younger children were **more likely** to be on a child protection plan because of neglect than older children. However, research suggests that the neglect of older children is more likely to go **overlooked** as signs of neglect may be more difficult to identify in older children and there can be an underestimation by professionals of older children's need for parental care and support (Growing up neglected: a multi-agency response to older children, Ofsted et al, 2018).

NEGLECT IN BARKING AND DAGENHAM

Having a **deep understanding** of the borough's population helps us to plan and prioritise effectively so we can best meet their needs and aspirations.

Since 2001 there has been **significant change** in the make-up and characteristics of the population. The latest Census and Joint Strategic Needs Assessment reveals these important facts about the people of Barking and Dagenham:



Barking & Dagenham

Our residents have changed significantly over the last decade. Our population has grown much faster than other places:

- The population size (on Census Day) was 218,900. This had grown by 17.7% since 2011 – the **third** highest growth rate in England and Wales.

We also have rapidly changing ethnically and culturally **diverse** communities:

- The borough has seen the greatest increase in ethnic diversity between 2011 and 2021 with the percentage of non-White British residents rising by **18.6** percentage points.
- Two in five residents were born **outside** of the UK. Nigeria (4.31%), Romania (4.30%) and Bangladesh (4.24%) were the three countries outside of England where most foreign-born residents were born.
- 16% of the population are Black African – the **highest** proportion in England and Wales.
- 10% of residents are Asian Bangladeshi – the **fourth highest** proportion in England and Wales.
- The most common **language** of residents whose main language is not English is Romanian (4.8%) followed by Bengali (3.1%).
- 45.4% of residents are Christian, down from 56% in 2011.
- Islamic faith has grown since 2001 by 20 percentage points. Nearly a **quarter** of residents are Muslim.

We also have one of the youngest populations, with many **young families** making LBBD their home:

- 57,100 (26.1%) of residents were aged under 16 on Census Day – the **highest** proportion in England and Wales.
- There are 9,400 (12.8%) lone parent households with dependent children – the **highest** proportion in England and Wales.
- The average household size is 2.96 – the **fourth highest** average household size in England and Wales.

Data from Barking and Dagenham Council's **children's services** reveals the following picture of neglect:

- 221 (9%) **Early Help** episodes had neglect recorded as a presenting issue.
- Children aged between **ten and fifteen** are more likely to have a neglect as a presenting issue – accounting for 36% of all episodes with neglect recorded.
- Children aged between **five and nine** account for 33% of Early Help episodes with neglect recorded, but account for 26% of all Early Help episodes.
- 1,932 (13%) contacts to the **Multi Agency Safeguarding Hub** had neglect as a stated issue
- **Younger children** are more likely to have had a neglect contact. 62% of all neglect contacts are for under tens (compared to 50% for all contacts).
- 569 (12%) contacts had neglect as an **Assessment** factor.
- 56% of neglect identified assessments were for **White children** compared to only 40% of all assessments. **Black children** accounted for 16% neglect assessments compared to 23% for all assessments. **Asian children** accounted for 9% neglect assessments compared to 21% all assessments.

- 58% of neglect assessments are aged **under ten**, compared to 53% for all assessments.
- 137 (44%) of **new Child Protection Plans** (CPPs) had Neglect as a category of abuse.
- 66% of neglect CPPs were for **White children**, compared to 50% for all new CPPs. **Black children** accounted for 10% of neglect CPPs compared to 12% all new CPP. **Asian children** accounted for 4% of neglect CPPs compared to 18% all new CPPs.
- **Female children** only make up 34% of neglect new CPP compared to 44% for all new CPP.

LEARNING FROM LOCAL AND NATIONAL EXPERIENCE

The National Society for the Prevention of Cruelty to Children (NSPCC) published '**Neglect: learning from case reviews**' in December 2022. This report highlights that professionals face a big challenge in identifying and taking timely action on neglect and identifies common areas for learning and practice improvement for professionals.

Local Safeguarding Practice Reviews, Serious Case Reviews, Rapid Reviews and audits have also identified several key areas of learning.

The key local and national learning is highlighted below. This learning has informed areas of focus for the Neglect Strategy 2023-26 and related Neglect Improvement Plan.

- **Understand the child's lived experience.** Professionals addressed the immediate presenting needs of a family without considering their impact on the child or understanding the risk to the child. The focus should always be on the best interests of the child rather than the immediate needs of a parent. Understanding the impact of neglect of a child has to come through hearing their voice and focussing on the lived experience through the eyes of the child. It is important to remember that neglect should be seen in the context of each child's individual experiences, and consideration should be given to whether the neglect began at the current age of the child, or if it has in fact been ongoing for several years.
- Some groups of children are **more vulnerable** to neglect than others e.g., newborn babies, premature babies, children with disabilities or complex health needs, and teenagers – especially where there are younger siblings
- There is an insufficient identification of adolescent neglect and the link with complex **adolescent behaviour**. Adolescents may find their home situation too difficult to bear and end up running away, further putting themselves at risk for even more dangerous situations, for example exploitation, sexual exploitation, and domestic abuse.
- Signs of neglect are **not always recognised** by professionals, with issues treated in isolation without understanding of or addressing the causes e.g., poor school attendance, missed health appointments or tooth decay. Tools designed to support a full understanding of neglect were not routinely used by all professionals
- It is vital for professionals to understand whether a family's issues are related to **poverty or neglect**. Neglect can occur in families living in poverty, but most parents who are experiencing poverty provide safe homes and high standards of parenting. Poverty itself is never an indicator of neglect. The question often used to illustrate this is if a new fridge were provided would the children receive better nutrition or improved emotional care?

- Professionals did not always consider the **complex needs and risk factors** experienced by parents that would increase risk of neglect to the child e.g., parental or carer mental health problems, parental or carer domestic abuse / parental conflict, parent or carer experiencing financial problems, including housing problems.
- All families come under pressure from time to time. Although many parents are able to provide loving care for their children during difficult periods, **increased or continued stress** can affect how well a parent can look after their child. Research shows that parents with a low income, or living in poorer neighbourhoods, are more likely to feel chronically stressed than other parents and parents who are facing complex problems such as domestic abuse or substance misuse can struggle to meet their children's needs. If parents are feeling particularly isolated, this can make it harder for them to ask for help and increases the risk of child abuse or neglect.
- The approach to achieving lasting change, requires clear thinking and understanding that the links between domestic abuse, substance misuse and poverty are **complex and often inter-dependent**. Addressing a single issue in isolation will not solve the underlying cause or other issues present.
- Adult services working solely with parents or carers, especially fathers or male carers, didn't always make the connection between their work and potential child safeguarding concerns. This meant important information about the risks children were exposed to wasn't **shared appropriately**, or the work undertaken by services working with adults didn't understand the impacts of their work for the child.
- Neglect is a cumulative process, not an isolated incident. Brandon et al (2008), in their review of Serious Cases warn of the '**start again syndrome**', where practitioners, overwhelmed by the complexity of the family, put aside knowledge of the past and focus on the present, supporting parents to make a fresh start. Any new or re-assessment of a family must consider the family's history in order to make sense of the present. It's important that professionals build up a picture of a family's situation over time. Professionals should compile and maintain a multi-agency chronology of key events. The full history of the family should be considered when new concerns arise, including patterns of previous episodes of neglect. This is also an issue where there is a change in professionals due to staff turnover – it is important to minimise any risk of start again syndrome.
- Practitioners should demonstrate **professional curiosity and respectful uncertainty**. Unclear or confusing information provided by a parent or carer should be cross-checked with other sources to ensure that it is accurate and properly understood.
- Sometimes the behaviour of **hostile or aggressive parents** went unchallenged due to fear of confrontation. In other cases, parents would comply with just enough requests to allay concerns. Signs of neglect sometimes went unnoticed because

families had no engagement with services, including universal services like education and health care.

- Sometimes professionals who were routinely working with high levels of need had become **desensitised** to the potential risks posed to children. This meant that families didn't always receive the support they needed.
- Where families appear to be struggling to meet their child's needs, they should be supported within a model of **timely and holistic early help**. Providing early help is more effective in promoting the welfare of children than reacting later
- Whilst neglected children will not inevitably become neglectful parents, research and practice experience clearly identifies the **inter-familial nature** of much neglect. Appropriate intervention can therefore contribute to the prevention of the cycle of inter-generational neglect.

Learning from the December 2022 NSPCC report and from BDSCP audit and learning is outlined in full in the **BDSCP Neglect Toolkit**. All professionals across the BDSCP should ensure they are aware of the learning and incorporate it into their daily practice.

RECOGNISING NEGLECT

There's often **no single indicator** that a child is being neglected. Professionals may notice more than one sign and concerns might become more frequent if problems are mounting up. This could indicate that a child and their family need support.

Some of the signs of different types of neglect are shown in the table below:

<p style="text-align: center;">Physical neglect</p> <ul style="list-style-type: none"> • Poor appearance and hygiene. • Being dirty or smelly. • Unwashed clothes. • Being hungry or not having money for food. • Stealing food from other children or asking for more snacks. • Wearing the wrong type of clothing for the weather. • Untreated and frequent nappy rashes in children. • Living in an unstable home environment. 	<p style="text-align: center;">Emotional neglect</p> <ul style="list-style-type: none"> • Becoming clingy. • Becoming aggressive. • Being withdrawn, depressed or anxious. • Changes in eating habits. • Displaying obsessive behaviour. • Finding it hard to concentrate or take part in activities. • Showing signs of self-harm. • Using drugs or alcohol. • Any behavioural changes.
<p style="text-align: center;">Educational neglect</p> <ul style="list-style-type: none"> • Being absent from school regularly or for long periods of time. • Failing to be provided with education out of the school environment if home-schooling. • Falling behind age-related expectations. 	<p style="text-align: center;">Medical neglect</p> <ul style="list-style-type: none"> • Not having vaccinations. • Being regularly ill/tired. • Untreated injuries or illnesses. • Poor dental hygiene. • Failure to meet age-related expectations (possibly due to missed diagnoses such as hearing or visual impediments).

The below table goes into further detail and breaks down how these signs may differ by **key age groups**:

	Medical	Nutritional	Emotional	Educational	Physical	Lack of supervision
Infancy; 0-2 years	Includes failure to notice that a baby is unwell, and failure to seek medical treatment. Not attending routine health screening appointments may be indicative.	Under-nourishment leads to restricted growth and brain development. There can be a link between neglect and obesity, e.g. if parents use sweets as 'pacifiers'.	Lack of stimulation can prevent babies from 'fixing' neural connections. Infant attachments are damaged by neglect, which makes learning skills more difficult.	Early language development may be affected as some parts of the brain, e.g. cortex, are dependent on experience and stimulation to develop. Language relies on reinforcement and feedback from carers.	Dirty home conditions may affect infant immune system; lack of changing and nappy rash; lack of encouragement may delay skill development.	Babies should be supervised at all times, particularly when lying on surfaces they could fall from or in the bath. If babies feel abandoned, this can affect the development of attachments.
Pre-school; 2-4 years	May include missed health and dental appointments, and failure to seek medical treatment following accidents or for routine conditions such as head lice or squints.	Not eating 1200 – 1500 calories per day, and/ or unregulated amounts of fat and sugar in the diet, which can lead to heart problems, obesity and tooth decay.	Neglected children without a secure attachment may experience difficulties playing with their peers, sharing feelings and thoughts, coping with frustration and developing empathy.	Neglect can be a significant factor in delaying a child's language development e.g. through the amount and quality of interactions with carers. This delay affects their education.	Child may present as dirty or malnourished, and living conditions may be poor. Child may not have been toilet trained, sleeping sufficiently or have adequate boundaries.	Home may lack safety devices e.g. stair gates, dangerous items such as drugs or knives may be within reach, child may not have appropriate car seat, child may be left home alone.
Primary; 5-11 years	Children may have more infections and illnesses than their peers due to poor treatment, or lack of prevention e.g. through hand washing, good diet or adequate sleep.	Food isn't provided consistently, leading to unregulated diets of biscuits and sweets. Concerns should not just focus on weight; children of normal weight could still have unhealthy diets.	Insecure attachment styles can lead to children having difficulties forming relationships, and may express their frustration at not having friends through disruptive behaviour.	Neglected children can experience a number of disadvantages at school, including low educational aspirations, lack of encouragement for learning and language stimulation.	Ill-fitting, inadequate or dirty clothing, poor personal hygiene, lack of sleep, lack of routines or boundaries which can lead to frustration with school rules and boundaries.	Primary school children may be left home alone or expected to supervise younger children. They may be left to play outside alone or to cook meals without supervision.
Adolescent; 12+ years	Poor self-esteem and recklessness can lead to ignoring or enduring health problems rather than accessing services. There may also be risk-taking behaviour e.g. in sexual activity.	Adolescents may be able to find food, but lack of nutritious food and limited cooking experience can lead them to unhealthy snacks, which affects both health and educational outcomes.	Peer groups and independence are important at this age; young people who are isolated by neglect (e.g. through poor hygiene) will struggle. Conflict with carers may also increase.	Likely to experience cognitive impairment e.g. in managing emotion, challenging behaviour in school. Low confidence and academic failure can reinforce negative self-image.	Adolescents' social development is likely to be affected by their living conditions, inadequate clothing, poor hygiene and body odour. This can affect their self-esteem.	Neglected adolescents may stay out all night with carers not aware of their whereabouts, which can lead to opportunities for risk-taking behaviours that can result in serious injury.

RISKS AND VULNERABILITIES - CHILDREN

Any child can suffer neglect, but research shows that some children are more vulnerable, including those who:

- Have a disability.
- Have complex health needs.
- Are born prematurely or with a low birth weight.
- Are in care.
- Are seeking asylum.
- Are older.

Children with a disability or complex health needs

Children with a disability have been found to be 3.8 times more likely to be neglected. There are many identified reasons for this, including stretching the family's capacity to be able to care; not being able to communicate their needs, misunderstanding the signs of abuse, a lack of personal safety and relationship and sex education programmes for disabled children, increased isolation, and their dependency upon others. Not only does this make them more likely to experience neglect, but it also means that the signs of neglect are harder to spot.

Children born prematurely

The association of low birth weight and preterm birth with child abuse and neglect has been the subject of debate for at least 30 years.

The findings of a recent UK population-based study showed that infants experiencing poorer foetal growth or preterm birth are at increased risk of child protection registration for neglect (as well as for physical, emotional, or sexual abuse). This was independent of maternal age and socioeconomic status.

Looked after children

A looked after child (LAC) is a child who has been in the care of a local authority for more than 24 hours. A child can come into care for many different reasons, and this is not always due to neglect or abuse.

However, being a LAC does make neglect more likely. This is possibly the result of placement instability, peer violence and abuse, going missing and disrupted relationships.

Children seeking asylum

Unaccompanied children seeking asylum are particularly vulnerable to neglect. Recent studies have shown children and young people placed in hotels alone experience neglect and are more prone to abuse.

Older children

Younger children are more likely than older children to be the subject of a child protection plan in England because of neglect, and research suggests that the neglect of older children is more likely to go overlooked.

Neglect in the teenage years is no less harmful yet is often overlooked or misinterpreted by professionals. Some behaviours that have been reported to characterise neglected adolescents are:

- Difficulty solving problems.
- Lack of creativity and language skills.
- Relatively easy onset of frustration or anger.
- Poor and/or inconsistent school achievement.
- School absences leading to school dropouts.
- Arriving early to and leaving late from school, avoiding going home.
- Withdrawn and passive or hyper alert and watchful.
- Low self-esteem, anxiety, depression, prone to suicide.
- Inability to trust or overly compliant.
- Lack of recognition regarding nutrition.
- Drug and Alcohol abuse and early sexual activity.
- Anti-social behaviour, young people getting into trouble; and violent conduct.
- Lack of attention to medical needs.

Adolescents may also find their home situation too difficult to bear and end up running away, further putting themselves at risk for even more dangerous situations, for example exploitation, sexual exploitation, and domestic abuse.

RISKS AND VULNERABILITIES - FAMILIES

Neglect can happen for many reasons and is not always intentional. Understanding the reasons for neglect means professionals respond according to the family situation.

Neglect can happen in many families, and it is important not to prejudge a family based on factors such as socioeconomic status, family dynamic, employment status, educational status etc. There are, however, some factors that make certain families more susceptible to children experiencing neglect.

Domestic abuse

Being around domestic abuse is very damaging to a child, even when the abused parent does all that they can to keep the child safe. Children and young people may experience domestic abuse both directly and indirectly, for example not getting the care and support they need from their parents or carers as a result of the abuse.

Substance misuse

Parental substance can lead to neglectful situations, for example If a parent is intoxicated and unable to take care of their child appropriately. Parents and carers who misuse substances can have chaotic, unpredictable lifestyles and may struggle to recognise and meet their children's needs. This may result in their children being at risk of harm.

Poor mental health

Poor mental health can include depression and anxiety disorders. Poor mental health that goes untreated can prevent parents from being able to look after their children properly. It can also cause parents to withdraw from their child or be quicker to anger. It is important to note that mental illness is not something to fear or demonise. Seeking care for the parent can often help reverse this situation

Parenting skills

Some parents don't have the knowledge to be good parents. This could be apparent in very young parents, or parents who were neglected themselves as children. It is sometimes assumed that everybody knows how to be a parent, and that is not the case. Parenting classes, support groups and therapy can be great resources for these parents. Neglect isn't always a choice, it is sometimes simply a lack of knowledge and understanding, but that doesn't mean it can be left unresolved.

Stress and lack of support

Parenting is very stressful. If parents have a stressful job (or are stressed about period of unemployment), relationship issues, financial difficulties, or any other stress-inducing situations, this can inadvertently lead to neglect. This often appears in the form of emotional neglect as parents are simply too busy to give the child the time they require. In these situations, it is key to point parents in the direction of support agencies to ease their situation.

IMPLEMENTING THE STRATEGY

The priorities from this strategy informed the development of the Neglect Improvement Programme. The Neglect Improvement Programme is a SMART **action plan** that will set out how the BDSCP will deliver against the priority areas and implement this strategy.

The **Neglect Improvement Programme Task and Finish Group** (NIPT&FG) has been established by the BDSCP Executive to oversee and drive the delivery of the Neglect Improvement Programme action plan. The NIPT&FG will report to the BDSCP Delivery Group three times a year.

The Neglect Improvement Programme action plan will be **refreshed** every financial year in line with the lifespan of the BDSCP Neglect Strategy 2024. The annual plan will be agreed by the Neglect Improvement Programme Task and Finish Group and signed off by the BDSCP Delivery Group.

The **impact** of the Neglect Strategy 2024 and the Neglect Toolkit will be monitored by the NIPT&FG to ensure progress.

SUCCESS MEASURES

There are a number of expected **outcomes** based on the delivery of the Neglect Strategy 2024:

- Increased uptake of prevention interventions, for example the Triple P Baby Parenting Programme, Solihull Approach.
- Earlier identification of children and young people experiencing neglect and supported through the Family Hubs and Early Help offers.
- Consistent use of the Graded Care Profile 2 by all trained professionals, and use of the Neglect Screening Tool by non-trained professionals.
- Improved assessment and decision making for children experiencing neglect.
- A reduction in repeat children in need and repeat children on child protection plans due to neglect and domestic abuse.
- A knowledgeable workforce with increased skills and access to a suite of resources available for children and families.
- Children to enter care in a planned way with less trauma and a reduction in children coming into care on police protection.
- A whole systems approach to neglect is in place, where it is identified early, and families can access the right resources from universal services through to statutory.

Some **key measures** have been identified that will enable the NIPT&FG to assess delivery of the outcomes above. These include:

- Number of children's workforce trained in the GCP2 or in the use of the neglect screening tool (to increase).
- Number and percentage of children open to the children's workforce with a completed GCP2 on file - by relevant agency, service, and team (to increase).
- Percentage of early help plans with neglect concluded with positive outcomes.
- Reduction in school absences for children known to us who are experiencing neglect
- Number and percentage of children on repeat Child in Need plans due to neglect, including those with a more than 9-month duration (to decrease).
- Number and percentage of children on subsequent Child Protection Plan due to neglect and domestic abuse, including those with a duration of longer than 12 months (to decrease).
- Number and percentage of children entering care due to neglect on police protection (to decrease).
- Review of findings from monthly and quarterly audits of neglect where the children are on plans or where there is an open case.

The NIPT&FG will also work to ensure the **voice of children and families** inform our understanding of success in delivering our aim and priorities – initially through embedding the effective use of tools to amplify the voices of children and young people.